



Cambridge University Taekwondo

JOINING FORM

Please fill this form in if you would like to become a member of Cambridge University Taekwondo club.

PERSONAL INFORMATION

Surname

Forename(s)

Address

Address

Town/City Postcode

Telephone

Email (Compulsory)

Would you like to be added to the CUTKD closed Facebook group? Yes No

The group is like a forum for discussion between members and a way to keep up to date with club events.

If yes, what is your Facebook name?

Date of birth Gender

Disability or medical condition (if applicable) Yes No (Please give full details below.)

Nationality

Do you have any previous martial arts experience? Yes No (Please give details below.)

Current grade Kup Poom Dan 1 2 3 4 5 6 7 8 9 10

Date of Last Grading BT Cert N°

Examiner Name

The information you have given above will not be used for purposes other than those outlines below:
1) administrative tasks related to the running and organisation of the activity of the club
2) sending you relevant information relating to the activity of the club (i.e. training, socials, grading, competitions, stash)

DECLARATION

I acknowledge that I have been informed of the potential risks of practising Taekwondo. I apply for membership of Cambridge University Taekwondo club and consent to my information being used in the way outlined above. I confirm that the above information is accurate to the best of my knowledge.

Signature

Date